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1420 K Street, N Suite 400	NTOS & HANSO N.W.	/2009 N, LLP JAN	<b>6</b> 4	Certific	ate of Mailing or Trans	mission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
WASHINGTON	N, DC 20005	E A TEA	The state of the s			(Depositor's name)
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		<del>-</del>	<u>L</u>			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.
10/566,987	02/02/2006		Akio Kobayashi		060103	2590
FITLE OF INVENTION	N: IMAGING PICKUP D	EVICE WITH HALF-SH	IUTTER ALERT	01/14/2010	LNGUYEN2 0000041	U1234U 10566987
				01 FC:1501 02 FC:1504	300.00 DA	·
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL TEE(S) BUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/01/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
VILLECCO	O, JOHN M	2622	348-220100			
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PLEASE NOTE: Un	less an assignee is ident	ified below, no assignee		atent. If an assignee i	s identified below, the o	locument has been filed for
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ta. The following fee(s)  Issue Fee  Publication Fee (N  Advance Order	No small entity discount p		b. Payment of Fee(s): (Plea A check is enclosed. Payment by credit car The Director is hereby overpayment, to Depo	d. Form PTO-2038 is	attached.	
	atus (from status indicate		b. Applicant is no long			
<u> </u>			• • • • • • • • • • • • • • • • • • • •			he assignee or other party in
Authorized Signature	11.1	Promor		,	ary 13, 2010	•

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33,478

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CONFIRMATION NO. APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR ATTORNEY DOCKET NO. 060103 2590 10/566,987 02/02/2006 Akio Kobayashi

TITLE OF INVENTION: IMAGING PICKUP DEVICE WITH HALF-SHUTTER ALERT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/01/2010
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS	]		
VILLECCO, JOHN M 2622			348-220100			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Ur recordation as set for (A) NAME OF ASS	nless an assignee is ident orth in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	THE PATENT (print or type data will appear on the part of the part	atent. If an assignee is it assignment.  If and STATE OR COUNT		ument has been filed for
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4a. The following fee(s) are submitted:  State   State   State   State    4b   State   State   State   State    Advance   State   State   State   State    Advance   State   State   State   State   State   State    Advance   State   State			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1-2340 (enclose an extra copy of this form).			
a. Applicant clair	atus (from status indicate ns SMALL ENTITY stat nd Publication Fee (if rec records of the United St	us. See 37 CFR 1.27.	d from anyone other than	ger claiming SMALL EN		
Authorized Signature	11.1	Bromer		Date Januar	y 13, 2010	

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